Case 23-13210-pmm Doc 52 Filed 07/10/25 Entered 07/10/25 12:43:09 Desc Main Document Page 1 of 2

Fill	in this information to	o identify your ca	se:								
	otor 1	Elizabeth V le									
	otor 2 use, if filing)					_					
Uni	ted States Bankrupt	cy Court for the:	EASTERN DISTRICT	OF PENNSYLVANIA							
_	se number 23-	13210					Check if this is: ☑ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date:				
Of	fficial Form	1061					MM / DD/ Y				
	chedule I: \		ome				WIWI / BB/ T		12/15		
supported to the support of the supported to the supporte	plying correct info use. If you are sep ch a separate shee t 1: Describe	rmation. If you a arated and your et to this form. C Employment	ible. If two married peo are married and not filin spouse is not filing wi On the top of any additi	ng jointly, and your s ith you, do not includ	spouse i de inforr	s living v nation al	with you, inclu yout your spo	ude information abouse. If more space	out your is needed,		
1.	Fill in your emploinformation.	oyment		Debtor 1	Debtor 1			Debtor 2 or non-filing spouse			
	If you have more t attach a separate information about employers.	about additional	Employment status	 ☑ Employed ☐ Not employed Server Iovine Bros. Bar and Grill 			☐ Employed				
	Include part-time, self-employed wor Occupation may ir or homemaker, if i	rk. nclude student	Occupation Employer's name Employer's address								
			How long employed th	here? Season	ally/As	Needed	 <u>L</u> _				
Esti i spou	mate monthly inco	separated. spouse have mo	te you file this form. If								
						For	Debtor 1	For Debtor 2 or non-filing spouse			
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2.					\$	673.00	\$ N /	<u>A</u> _		
3.	Estimate and list monthly overtime pay.				3.	+\$	0.00	+\$ <u>N/A</u>	<u>A</u>		
4.	Calculate gross I	ncome. Add line	e 2 + line 3.		4.	\$	673.00	\$ <u>N/A</u>			

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Elizabeth V lezzi		Case	number (if known)	23-132	10	
				Foi	r Debtor 1		ebtor 2 or ing spouse	
	Cop	y line 4 here	4.	\$_	673.00	\$	N/A	-
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	226.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	-
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	-
	5e.	Insurance	5e.	\$	0.00	\$	N/A	_
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	_
	5g.	Union dues	5g.	\$	0.00	\$	N/A	-
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	· – \$	226.00	\$	N/A	-
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	447.00	\$	N/A	_
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	Ф <u> —</u>	0.00	\$	N/A	-
	8b.	Interest and dividends	8b.	\$ \$	0.00	\$	N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_ \$	0.00	\$	N/A	-
	8d.	Unemployment compensation	8d.	\$	2,592.00	\$	N/A	_
	8e.	Social Security	8e.	\$	0.00	\$	N/A	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	_ 8f.	\$_	0.00	\$	N/A	-
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	N/A	_
	8h.	Other monthly income. Specify: Pt Time Job	_ 8h.+	\$_	831.20	+ \$	N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,423.20	\$	N/A	A
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$_		3,870.20 + \$_		N/A = \$	3,870.20
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00							
12.		I the amount in the last column of line 10 to the amount in line 11. The result in the summary of Schedules and Statistical Summary of Certain lies			•		12. \$	3,870.20
							Combi	
13.	Do y ⊠	you expect an increase or decrease within the year after you file this form? No. Yes. Explain:	?				monthl	y income